

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/583684		FILING DATE					
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9		/		/			59						
10		/		/			60						
11		/		/			61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
16	/		/				66						
17	/		/				67						
18	/		/				68						
19	/		/				69						
20		/	/				70						
21		2	/				71						
22		/	/				72						
23		/	/				73						
24		/	/				74						
25	/		/				75						
26		/	/				76						
27		/	/				77						
28		/	/				78						
29		/	/				79						
30		/	/				80						
31		/	/				81						
32		/	/				82						
33			/	/			83						
34			/	/			84						
35				/			85						
36				/			86						
37				/			87						
38				/			88						
39				/			89						
40			/	/			90						
41				/			91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48							98						
49							99						
50							100						
TOTAL IND.	6	↓	6	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	27	←	27	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	33		33				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

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